

2007-005  
FEB 05 2007  
FAX 212 292 0057**RETIREMENT SYSTEM FINANCIAL DISCLOSURE REPORT**

Pursuant to LSA-R.S. 42:1114.2, each person who has or is seeking to obtain a contractual or other business or financial relationship with a state or statewide public retirement system shall file with the Board of Ethics a financial disclosure report semiannually if the person has made expenditures of five hundred dollars or more in a calendar year. Reports disclosing expenditures for retirement officials must be filed by August 15<sup>th</sup>, covering January 1 through June 30 of the calendar year and by February 15<sup>th</sup>, covering January 1 - December 31 of the calendar year. Although there is no registration requirement under R.S. 42:1114.2, you may be required to register and report under LSA-R.S. 49:71 et seq.

Reports may be mailed or delivered to: Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808

OR

Faxed to: (225)763-8787 or (225)763-8780

**REPORT COVERING:**

G JANUARY 1 through JUNE 30, \_\_\_\_\_ - DUE BY AUGUST 15

G JANUARY 1 through DECEMBER 31, 2006 - DUE BY FEBRUARY 15

FOR OFFICE USE  
ONLY  
Postmark Date: \_\_\_\_\_

1. Name: HeKKing Kim I  
last first MI  
c/o ShenKman Capital Management, Inc.

2. Business Address: 262 Harbor Drive Stamford CT 06902  
 Street and No. City State Zip

Mailing Address: Same as above

3. Business Phone: 203 - 348 - 3500  
 Area Code and Telephone Number

4. Employer: Shenkman Capital Management, Inc.

5. Employer's address: 262 Harbor Drive Stamford CT 06902  
 Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official?

From January 1 through June 30? Yes  No  NA   
 From July 1 through December 31? Yes  No  NA

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official?

From January 1 through June 30? Yes  No  NA   
 From July 1 through December 31? Yes  No  NA

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: Teachers Retirement System of Louisiana

b. Total of all expenditures made January 1 through June 30: \$                 

c. Total of all expenditures made July 1 through December 31: \$ 174.21  
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 174.21

2) a. Name of Retirement System: \_\_\_\_\_

b. Total of all expenditures made January 1 through June 30: \$                 

c. Total of all expenditures made July 1 through December 31: \$                   
(When applicable)

d. Total of all expenditures made during the calendar year: \$                 

3) a. Name of Retirement System: \_\_\_\_\_

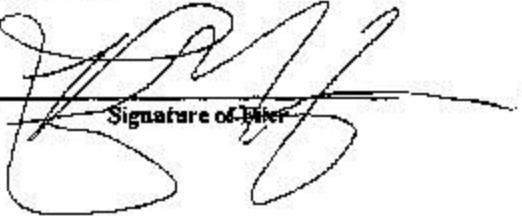
b. Total of all expenditures made January 1 through June 30: \$                 

c. Total of all expenditures made July 1 through December 31: \$                   
(When applicable)

d. Total of all expenditures made during the calendar year: \$                 

#### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.



Signature of Brian